



Designation of Beneficiary
Federal Employees Retirement System

Important
Read all instructions before
filling in this form.

A. Identification

Name (Last, First, Middle)		Date of Birth (Month, Day, Year)		Social Security Number	
Place an "X" in the appropriate box:	<input type="checkbox"/>	An employee	<input type="checkbox"/>	Retired or an applicant for retirement	If you are retired, give your claim number
	<input type="checkbox"/>		<input type="checkbox"/>	Former employee eligible for retirement in the future	
Department or agency in which presently employed (or former department or agency):					
Department or agency		Bureau		Division	Location (City, State and ZIP Code)

I, the individual named above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Federal Employees Retirement System (FERS) after my death. I understand that this designation of beneficiary is also for any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary cancels any previous FERS or CSRS designation of beneficiary, and that it remains in effect until I cancel it in writing or I receive payment of my employee deductions for FERS (and CSRS, if applicable).

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason, shall be distributed equally among the stated beneficiaries, or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump-sum payment becomes payable, this designation is void, and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (Mo., day, yr.)	Your Signature		Total = 100%

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of Witness	Number and street	City, state and ZIP code
Signature of Witness	Number and street	City, state and ZIP code

Important - The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY

Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

2. HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

Instructions

This Designation of Beneficiary Form is used to designate who is to receive a lump-sum payment which may become payable under the Federal Employees' Retirement System (FERS). It does not affect the right of any person who is eligible for survivor annuity benefits. Do not confuse this form with designation forms used for other types of benefits: Standard Form 2808, *Designation of Beneficiary, Civil Service Retirement System*, Standard Form 2823, *Designation of Beneficiary, Federal Employees' Group Life Insurance Program, TSP 3, Federal Retirement Thrift Savings Plan Designation of Beneficiaries*, or Standard Form 1152, *Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employees*.

Do not fill out this form until you have read the information and instructions below

Important -- The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

Order of Precedence

You do not need to make a designation if you are satisfied with the order of precedence that the law provides. That order of precedence follows:

1. To your widow or widower.
 2. If your widow(er) is deceased, to your child or children, with the share of any deceased child distributed among the descendants of that child.
 3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
 4. If none of the above, to the executor or administrator of your estate.
 5. If none of the above, to your next of kin under the laws of the State in which you live at the time of your death.
- Payment of a lump sum will be made to the first person or persons listed above who are alive on the day you die.

Designating a Beneficiary

1. You can designate any person, firm, corporation, or legal entity as your beneficiary.
2. You can change your beneficiary at any time, without the knowledge or consent of a previous beneficiary, and this right cannot be waived or restricted.
3. A designation of beneficiary must be in writing, signed, and witnessed. If you are an employee, the designation must be received in your employing office prior to your death. If you are a separated employee, a retiree or a person receiving recurring payments from the Office of Workers Compensation Programs (OWCP), the designation must be received at the Office of Personnel Management prior to your death.
4. A witness to a designation of beneficiary is ineligible to receive payment as a beneficiary.
5. The person(s) named will be considered as beneficiary (beneficiaries) for **both** CSRS and FERS lump-sum benefits.
6. You cannot change or cancel a designation of beneficiary in a last will or testament unless it is signed, witnessed, and filed as described in paragraph 3.

7. A designation of beneficiary remains in effect until (1) you cancel it by filing a new designation, or (2) you receive a refund of your retirement deductions before retirement. It isn't necessary to file a new designation if the name or address of your beneficiary changes. However, it may be important to file a new designation if your situation changes.

Completing the Designation Form

1. The examples printed on the back of the first page of this form may be helpful to you in naming a beneficiary or cancelling a prior designation of beneficiary.
2. If you designate more than one beneficiary, be sure that the shares to be paid to them add up to 100 percent.
3. Complete the form in duplicate. Type or print all entries except signatures.
4. Do not erase or alter entries.

Where to Submit the Completed Form

For employees: File this form with your employing agency, even if you are retiring.

For separated employees, retirees and individuals receiving recurring benefits from the Office of Workers Compensation Programs (OWCP):

If you have left Federal employment, if you are receiving recurring benefits from the Office of Workers Compensation Programs, or if you have retired, file this form with the Office of Personnel Management, FERS, P.O. Box 200, Boston, MA 02247.

Your designation will not be effective until the date it is received by your employing office (or OPM if you are not employed).

The employee copy of this form will be noted and returned to you as evidence that the original has been received and filed. Please keep the duplicate in a safe place along with your other important papers.

For the employing office: File the OPF copy on the right side of the OPF. If the employee leaves Federal service, send the most recent designation to OPM.